

Michigan State USBC Youth State Championship Tournament

USBC Certified #4520 – This is a Handicap Tournament based on 90% from 210 Scratch

League Official: _____ USBC # _____

Address: _____ City/Zip: _____ Phone: (_____) _____

E-Mail Address: _____ Local Association _____
Confirmations will be sent by e-mail if e-mail address is provided

Team Name _____ Center (where you bowl) _____

Team Confirmation # _____ Please Select Team Handicap OR Scratch

BOWLERS WILL BOWL IN ORDER LISTED Important Bowler Information MUST be completed					Average Information Highest Only Yearbook See Rule 3b					
#	USBC Membership # Ex: 8345-134652	LIST NAME AS IT APPEARS ON MEMBERSHIP CARD	Birthdate	Male or Female	# Games	AVG	Sport/ Challenge Avg <input type="checkbox"/>	# Games	12/31/19 AVG	Sport/ Challenge Avg <input type="checkbox"/>
1	Name: _____		_____	_____						
	Address: _____		City/Zip: _____							
2	Name: _____		_____	_____						
	Address: _____		City/Zip: _____							
3	Name: _____		_____	_____						
	Address: _____		City/Zip: _____							
4	Name: _____		_____	_____						
	Address: _____		City/Zip: _____							

OFFICE USE ONLY	
Amount paid:	Entry #:
Date Received:	
Team	Doubles/Singles
Squad:	/
Date:	
Time:	

IMPORTANT!

You must indicate Scratch or Handicap for EVERY event for each bowler. Failure to do so will place bowler(s) into handicap division.
 Mark All Events on ONE entry only.

No Division Changes After Start of Tournament
 Review Confirmations IMMEDIATELY

List 3 choices of Dates & Times:

	Team	D/S
1 st choice:	_____	_____
2 nd choice:	_____	_____
3 rd choice:	_____	_____

Is this a reserved date: Yes ___ No ___

Choices will be honored ONLY if available.

Doubles Partners – Please complete ALL information for each bowler – Singles MUST be listed on FIRST DOUBLES APPEARANCE
Add Personal Information on back if bowler is not listed above – no 1/2 pairs

Doubles Confirmation #	Name as it Appears on USBC Membership Card	AE	Indicate Scratch or Handicap		Indicate Amount paid for each bowler			Total owed per person
			Doubles	Singles/AE	Team \$13	D/S \$26	AE \$1	
	1							\$
	2							\$
	1							\$
	2							\$
Entries received past the deadline (January 22) are at an additional cost of \$5/per person					TOTAL OWED THIS ENTRY			\$

Tournament Dates

March: 14-15, 21-22, 28-29
 April: 4-5, 18-19, 25-26 (no bowling Easter)

Times

	Saturday	Sunday
Team:	8:30 am	9:00 am
	11:45 am	1:00 pm
	3:00 pm	----

Doubles/Singles: 9:00 am & 1:30 pm
BOTH DAYS

Additional Dates/Times may be added if entries warrant. Note: All Squads are subject to cancellation pending number of entries.

Complete both sides of this entry and submit only this page – Keep Rules Page

This section is for Bowlers Not Listed on Team!
DO NOT COMPLETE THIS SECTION IF ALL INFORMATION IS ON FRONT

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1	Name:									
	Address:		City/Zip:							
2	Name:									
	Address:		City/Zip:							
3	Name:									
	Address:		City/Zip:							
4	Name:									
	Address:		City/Zip:							

**Entry Cost Per Entrant
Per Event**

Lineage/Expenses \$12.00
Awards Fee \$ 1.00
Total Fees (**each event**) \$13.00

\$40.00 per person if Entering Team,
Doubles, Singles and Optional All
Events
\$13.00 additional for each added
Team/Doubles (see Rule #6)
*If bowling a second doubles, please
indicate in fee section.*

Late entries – an additional \$5/person

SPECIAL REQUESTS/INFORMATION

We will be arriving on: Friday _____ Saturday _____

We will be leaving on: Saturday _____ Sunday _____

We would like to bowl all 9 games on **ONE** day: Saturday _____ or Sunday _____

Team Captain: _____

E-Mail: _____

Signature of League Official/Submitter: _____
I hereby certify that all information, including averages is correct.

Phone #: _____

Total entry fees must be forwarded with completed entry form. Entries received without fees and/or average sheet(s) – will not be honored.
Remit by cashier's check, money order or certified check. **No refunds will be issued USBC Rule 314**
Make checks payable to: MICHIGAN STATE YOUTH and mail with entry and average sheet(s)
to: Michigan State USBC Youth Tournament – PO Box 217- Grandville MI 49468-0217 – (Phone: 616/635-2032)
Credit Card Use Available (3% fee and email address required) – Indicate on lower right Front to be invoiced
DEADLINES: Reserved Entries Due: January 8, 2020 – All Others – January 22, 2020
Note: Entries without confirmation numbers will be scheduled on a first-come, first-serve basis - NO EXCEPTIONS
Please **DO NOT** Fax entries - Failure to list highest averages may result in disqualification

Incomplete Entries Will Delay Processing
This form can be completed on-line at michiganstateusbc.com